

Subpart H—Fees

§ 62.90 Fees.

(a) *Remittances.* Fees prescribed within the framework of 31 U.S.C. 9701 shall be submitted as directed by the Department and shall be in the amount prescribed by law or regulation. Remittances must be drawn on a bank or other institution located in the United States and be payable in United States currency and shall be made payable to the “Department of State.” A charge of \$25.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. If an applicant is residing outside the United States at the time of application, remittance may be made by a bank international money order or a foreign draft drawn on an institution in the United States, and payable to the Department of State in United States currency.

(b) *Amounts of fees.* The following fees are prescribed:

- (1) Request for program extension—\$198.
- (2) Request for change of program category—\$198.
- (3) Request for reinstatement—\$198.
- (4) Request for program designation—\$799.
- (5) Request for non-routine handling of an IAP-66 Form Request—\$43.

[65 FR 20083, Apr. 14, 2000]

APPENDIX A TO PART 62—CERTIFICATION OF RESPONSIBLE OFFICERS AND SPONSORS

In accordance with the requirement at § 514.5(c)(6), the text of the certifications shall read as follows:

1. Responsible Officers and Alternate Responsible Officers

I hereby certify that I am the responsible officer (or alternate responsible officer, specify) for exchange visitor program number _____, and that I am a United States citizen or permanent resident. I understand that the Department of State may request supporting documentation as to my citizenship or permanent residence at any time and that I must supply such documentation when and as requested. (Name of organization) agrees that my inability to substantiate the representation of citizenship or permanent residence made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all Forms IAP-66 transferred to it.

Signed in ink by

(Name) _____

(Title) _____

Witness: _____

This _____ day of _____, 19____.
Subscribed and sworn to before me this
_____ day of _____, 19____.

Notary Public _____

2. Sponsors.

I hereby certify that I am the chief executive officer of (Name of Organization) with the title of (specify); that I am authorized to sign this certification and bind (Name of Organization). I further certify that (Name of Organization) is a citizen of the United States as that term is defined at 22 CFR § 514.2. (Name of Organization) agrees that inability to substantiate the representation of citizenship made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all Forms IAP-66 transferred to it.

Signed in ink by

(Name) _____

(Title) _____

Attestation/Witness: _____

This _____ day of _____, 19____.
Subscribed and sworn to before me this
_____ day of _____, 19____.

Notary Public _____

APPENDIX B TO PART 62—EXCHANGE VISITOR PROGRAM SERVICES, EXCHANGE-VISITOR PROGRAM APPLICATION

Form Approved OMB _____

Serial No. _____

1. Name and Address of Sponsoring Organization _____

2. Name and Title of Responsible Officer _____

Telephone Number _____

3. Name and Title of Alternate Responsible Officer PRT PAGE P=’314’≤ _____

Telephone Number _____

4. Type of Application (check one)

New _____ Re-Apply _____
Re-Designation _____